

Utah Department of Health  
TB Control/Refugee Health - (801) 538-6096

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Date of TB Skin \_\_\_\_\_ TestResults \_\_\_\_\_ mm

Date of Chest X-ray \_\_\_\_\_ Results \_\_\_\_\_

TB Preventive Therapy:        yes 9        no 9

Treatment for Active Disease:    yes 9        no 9

Medication(s) \_\_\_\_\_

Start Date \_\_\_\_\_ Completion Date \_\_\_\_\_

Agency/Facility \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Other Comments \_\_\_\_\_

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TBYellowCard